



QUICK UPDATES

December 2002

Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are **14** Quick Updates!!

1. Nutrition Room Service screens: Several months ago, the Nutrition Department introduced Room Service to our patients. Room Service is a meal order and delivery system in which eligible patients can order their meals by phone (1-FOOD or 1-3663), making their selections from a restaurant style menu. Food is prepared and delivered within 30 minutes. Our patients tell us they love the program. Here are 5 points you need to know:

- ✚ Room Service operates daily, 6:30 a.m. – 6:30 p.m.
- ✚ On admission, you (nurses) will assess your patient to determine their eligibility. To receive Room Service, your patient must be:
 - alert and oriented
 - able to read/speak English
 - able to initiate a phone call
 - on a diet that does not require nutrition calculations
- ✚ The nutritional risk screens (below) have been revised so you can record your patient's eligibility for Room Service in MIS. Food Service will use this information along with the ordered diet and identified allergies to further determine if a patient is eligible to receive Room Service. **If your patient is NOT eligible for Room Service, please additionally send a MIS-O-GRAM to Food Service.**
- ✚ At the top of your patient's Medical Care Plan, you can see quickly if your patient is on Room Service.
- ✚ All patients including outpatients must have a diet order in MIS to receive any food from nutrition.
- ✚ At this time, Room Service is NOT available to:
 - Behavior Health Units, 10D, 2J, 2W/BMT
 - Patients who have food allergies, or
 - Patients who receive special diets that require nutrient calculations (i.e., 1800 kcal or 2 gm sodium)
- ✚ Room Service is not available to our patient's families. The Nutrition Department is not permitted to serve food to families. We encourage families to use the cafeteria and local area restaurants. Families who may be in need of assistance to purchase food during their CC stay can be referred to the Social Work Department.
- ✚ **If you have questions about Room Service, contact Leslie Boggus (5-7857) or Madeline Michael (6-3312).**

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NUTRITION RISK SCREENING

YES NO

RECENT WEIGHT CHANGE 00 00
INCREASE DECREASE
LES TIME PERIOD: **

CURRENT GI SYMPTOMS
(SELECT ALL THAT APPLY)

NAUSEA/VOMITING 00 00
DIARRHEA/CONSTIPATION 00 00
CHWING/SWALLOWING 00 00

SPECIAL DIETARY RESTRICTIONS 00 00
PILOT UNITS ONLY
PATIENT APPROPRIATE FOR ROOM SERVICE

>FUNCTIONAL ASSESSMENT
RETURN REVIEW
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NUTRITION ROOM SERVICE

DEFINITION
TO BE ELIGIBLE FOR ROOM SERVICE
A PATIENT MUST BE:
1. ALERT AND ORIENTED
2. ABLE TO READ AND SPEAK ENGLISH
3. ABLE TO INITIATE A TELEPHONE CALL

YES PT IS ELIGIBLE FOR ROOM SERVICE
NO PT IS NOT ELIGIBLE FOR ROOM SERVICE

>FUNCTIONAL ASSESSMENT
RETURN REVIEW
ERR

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2. Need a List of Area Restaurants – We know that our visiting patients and their families on occasion are interested in eating at a local area restaurant but may not know where to go. Did you know Hospitality Services (5-7236) has a list of some restaurants? Hospitality Services is located on the first floor next to the main elevators and are open Mon – Fri, 7:30 a.m. – 4:30 p.m. During off-shift hours, the Admissions Desk also maintains a very informal list of restaurants.

3. Food and Drug Allergies: An important nursing function is assessing our patients for known food and drug allergies. We know that our patients will report they have an allergy to a drug when, in fact, they had an expected adverse reaction to a drug. We know, too, that our patients will report a food allergy when, in fact, they are "intolerant" or simply dislike a particular food. When patients report a history of allergies to you, take a moment to learn from the patient what was experienced when they were exposed to a drug or food. The physician will make the final determination if their experience represents a "true" allergy. This is an important medical decision to make as this may impact on drug and food options available to your patient while under CC care.

4. Medication dose scheduling: We recently learned from nurses that the MI S Medication Schedules did not provide prescribers opportunities to individualize patients' medication schedules to be familiar, convenient, or practical for the patient. Our pharmacy colleagues have revised the MI S Medication Schedule screens to make more apparent the differences between "___times a day" and "Q___H." Previously, both these scheduling options were selected from the same screen.

Now prescribers may choose from 2 options to either.....

Schedule doses evenly over
24 hours daily "Q __ H"

OR

Schedule doses during waking
hours only "___times a day"

Dose times are included in **blue** to help prescribers determine the optimal medication schedule for their patients. Although many medications are most effective when spaced evenly over 24 hours, **administration during waking hours solely may also be an appropriate option**, especially if waking the patient is not desirable. If any member of the interdisciplinary teams has questions concerning appropriate doses intervals, contact Pharmacy at 6-1914.

5. Stability of Lorazepam (Ativan®): Have you ever noticed that the Lorazepam 2 mg/mL injection vials dispensed from Pharmacy are delivered in a plastic bag labeled with an expiration date?? That's because injectable Lorazepam is stable at room temperature (30C/86F) for 90 days. Please be sure to keep the Lorazepam vials in the dated bag and return all expired product to Pharmacy.

6. Intravenous Immune Globulin (IVIG): In the past year, Nursing and Pharmacy found an opportunity to improve the safety of ordering and administering IVIG. These are the 5 things we were able to accomplish:

- ✚ IVIG is no longer in short supply. As a result, our Pharmacy has standardized 3 IVIG products to the CC formulary. All 3 products have been previously stocked and prescribed at CC.
- ✚ IVIG ordering screens have been revised to a brand-specific ordering pathway that incorporates brand-specific information on rate of administration, concentration, and filtration requirements. The prescriber will be required to enter infusion rates, including initial rate, an incremental rate, and a maximum rate.
- ✚ Only 1 of the 3 IVIG products requires an in-line filter (Iveegam EN (Baxter)). This will be indicated on the product label and the filter will be dispensed by Pharmacy.
- ✚ Nursing revised their Standard of Practice (<http://intranet.cc.nih.gov/nursing/sop>).
- ✚ Information on the product ordered for your patient can be found by accessing the Pharmacy website, <http://internal.cc.nih.gov/formulary>. While the site lists the names of all IVIG products, you will only be able to access information for formulary products.

If information is needed regarding previous brand usage for an individual patient, call the IV pharmacist at 496-6551 (or the 13th Floor pharmacy satellite (496-8092) for patients on 12E, 13E and 13W). Any other questions regarding the MIS screen changes can be directed to a pharmacist.

7. Basic Life Support Cart Content List: All clinical care areas that have BLS carts are gently reminded to review their copy of the BLS Cart Content List to be sure you have the most recent and correct copy. The correct copy will have the date 2/21/02 in the bottom left-hand corner. This version of the contents list matches the CHS order screens for code cart supplies.

8. Secure your unit's Basic Life Support Cart . . . NEW PROCEDURE! Recently, nurses reported that the top drawer of the BLS Cart and all its contents could not be secured. We have resolved this issue by having a small second hole drilled into the Code Cart Thumb Latch and have developed a simple and effective procedure to lock the BLS Cart. Take a look at your BLS cart. If you can still open the top drawer with the lock in place, your BLS Cart's contents are not properly secured and you need to take corrective action immediately. For assistance, call Barbara Fahey (6-4661) or Tammy Jenkins (6-0595).

9. Laerdal Pocket Oxygen Mask: The color of the Laerdal Pocket Mask™ outer case is changing from white to yellow. The product remains the same. We wanted you to know this is still the same product whether the outer case is white or yellow. The supplies in each AED station includes a Laerdal Pocket Mask™.

10. Cleaning the Alaris™ IV Pump: We would like to send kudos to all who facilitated the smooth transition to the new Alaris infusion pumps . . . a great team effort! The majority of users have been trained in their use and pumps have been distributed to their assigned nursing units. We want to be sure you know how to arrange for the cleaning of your unit's pumps.

- ✚ Because the Alaris™ IV pumps will be stored on their assigned units, the pumps will be cleaned by EACH unit's assigned housekeeping staff. Housekeeping has developed a cleaning procedure, and housekeeping staff have been specially trained to clean the pumps.
- ✚ Once the Alaris™ IV pump has been cleaned, housekeeping staff will tag the pump or pump component with a money \$\$\$ wrapper . . . this is not a misprint!!
- ✚ IV Pumps are to be cleaned as needed (e.g., if visibly soiled) and between each patient use per CDC guidelines. Housekeepers will clean the pumps as part of their routine discharge bedside cleaning, or when notified by the nurse that the pump has been removed from a patient and needs to be cleaned.

11. Abused and Neglected Patients: During our walking rounds, we learned that many of us have questions about how to recognize and handle a patient who may be experiencing abuse or neglect. The CC has 2 policies you might want to review:

- ✚ MEC Policy 94-5 Reporting Child Abuse/Neglect in the CC (<http://push.cc.nih.gov/policies/PDF/M94-5.pdf>)
- ✚ MEC Policy 97-5 Policy on Reporting Vulnerable Adult Abuse, Neglect, Self-Neglect, or Exploitation (<http://push.cc.nih.gov/policies/PDF/M97-5.pdf>)

But in a nutshell, here are some indicators you should consider. If you suspect your patient is experiencing abuse or neglect, you are obligated to notify the social worker for a comprehensive assessment.

Physical Appearance

- ✚ Unexplained multiple bruises, burns, fractures, lacerations, or abrasions
- ✚ Consistent hunger, poor hygiene, inappropriate dress, constant fatigue, listlessness
- ✚ Unattended physical problems or medical needs

Behavioral

- ✚ Appears overly fearful or reluctant to respond when questioned
- ✚ Pt/family provide conflicting accounts of the incident
- ✚ Family seeks to prevent the patient from interacting privately or speaking openly with healthcare providers

Sexual Abuse

- ✚ Difficulty in walking or standing
- ✚ Torn, stained, or blood underclothing
- ✚ Pain or itching of genital area
- ✚ Trauma to genital or perineal area

12. Bag Bath® towels: We need your help on an important environmental and maintenance issue. The Housekeeping Department (B1-level) has sustained a flood in the recent past. The CC Maintenance Unit snaked the pipes to clear the offending obstruction and pulled out Bag Bath® towels that had been flushed down the toilets presumably from patient care units. **Please dispose of Bag Bath® towels in MPW boxes and not down the toilet!!!**



13. Sedimentation Rates (Sed Rates): The Department of Laboratory Medicine is asking for your help in carefully labeling Sed Rate black top tubes. Please wrap your patient identification label around the top of the tube so that they label ends adhere to one another. The testing instrument becomes obstructed and therefore delays accurate test reporting when the identification label is placed either on the clear flat surface of the tube or vertically.

14. Phlebotomy Specimen Collection Services would like you to know their hours of operation:

- ✚ **Outpatient Collections** - 7:00 a.m. to 4:15 p.m.
- ✚ **Inpatient collections** - 5:00 a.m. to 7:00 a.m. Inpatient collections are additionally available 8:30 a.m. - 4:00 p.m. by telephone request only
- ✚ **Central Accessioning** - 6:00 a.m. to 4:30 p.m.
- ✚ **Weekends and Holidays** - 5:00 a.m. to 8:00 a.m. When the phlebotomist visits the inpatient unit on weekends and holiday, they will draw the initial a.m. specimen collection if it is highlighted on the nurse's worksheet. However, because of limited weekend and holiday hours, the phlebotomist cannot return to the units. **If the patient is not drawn on the initial visit, the nurse or doctor must draw the patient.**

For more information on Phlebotomy Collection Services and Guidelines, access

http://www.cc.nih.gov/cp/about_lab_med/phleb_guidelines.html.